

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4	1					
5	1					
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
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18		1				
19		1				
20		1				
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25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		1		1		1
TOTAL DEP.						
TOTAL CLAIMS		1		1		1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS